COMMITTEE REPORT

MR. PRESIDENT:

The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 290, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

I	Page 1, line 6, strike "and".
2	Page 1, line 8, after "facilities" delete "." and insert ";".
3	Page 1, line 8, after "patients" insert "and".
4	Page 1, after line 8, begin a new line block indented and insert:
5	"(4) an investigation or evaluation by a peer review committee
6	of a hospital licensed under IC 16-21 that is performed for
7	purposes of:
8	(A) identifying or measuring, on:
9	(i) an institutional;
10	(ii) a departmental;
11	(iii) a unit; or
12	(iv) a service line;
13	basis, the level of the quality of care provided by or in the
14	hospital; or
15	(B) evaluating the sufficiency of the hospital's quality
16	assessment and improvement programs.
17	$\label{lem:condition} \textbf{An investigation or evaluation under this subdivision does not}$
18	include an evaluation by a peer review committee undertaken

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1	for purposes of evaluating the care provided by an individual
2	professional health care provider.".
3	Page 3, after line 5, begin a new paragraph and insert:
4	"SECTION 3. IC 34-30-15-13.5 IS ADDED TO THE INDIANA
5	CODE AS A NEW SECTION TO READ AS FOLLOWS
6	[EFFECTIVE JULY 1, 1999]: Sec. 13.5. (a) This chapter does not
7	prevent the state department of health from obtaining, on a
8	confidential basis for purposes of enforcing Indiana's hospital
9	licensure laws under IC 16-21, information and material from a
10	hospital licensed under IC 16-21 evidencing the following:
11	(1) The name of the peer review committees engaged in the
12	evaluation of patient care (as defined in IC 34-6-2-44(a)(4))
13	and participating in the hospital's quality assessment and
14	improvement program required under IC 16-21 and the rules
15	adopted under IC 16-21.
16	(2) The identities of the individuals comprising the committees
17	identified in subdivision (1).
18	(3) The general subject matter of a meeting of a peer review
19	committee identified in subdivision (1).
20	(4) Any action taken by a peer review committee identified in
21	subdivision (1) for purposes of addressing the opportunities
22	for improvement found through the hospital's quality
23	assessment and improvement program.
24	(5) Any documentation of the peer review committee
25	regarding:
26	(A) the effectiveness of any action described in subdivision
27	(4);
28	(B) any continued follow-up regarding the action; and
29	(C) the action's impact on patient care.
30	(b) The information and material described in subsection (a)
31	may not include:
32	(1) the identify of any:
33	(A) patient; or
34	(B) individual professional health care provider; or
35	(2) communications to or deliberations of the peer review
36	committee.
37	(c) Information that is otherwise discoverable or admissible
38	from original sources is not barred from discovery or use in any

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- 1 proceeding if the information was presented during proceedings
- 2 before a peer review committee engaged in an evaluation of patient
- 3 care (as defined in IC 31-6-2-44(a)(4)).".
- 4 Renumber all SECTIONS consecutively. (Reference is to SB 290 as introduced.)

and when so amended that said bill do pass.

Committee Vote: Yeas 7, Nays 4.

Senator Miller, Chairperson

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